January, 2021.





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1. TRAINING OPPORTUNITIES



Training Update

"Choose Safe Places for Early Care and Education": **February 23rd at 9 am**, mark your calendars for a presentation by Scarlett Fuller about the program entitled "Choose Safe Places for Early Care and Education". This webinar will focus on the safe siting program available through DPHHS. Are you wondering what is "safe siting"? Safe siting is the process in which daycare center properties are screened to identify potential environmental hazards from natural, historic, or current industrial and agricultural activities. For example, children in a daycare facility may be at risk for harmful exposures if the facility is located in the same building as a business that uses chemical (such as a nail/hair salon, auto shop, dry cleaner, etc.). Scarlett will share resources available to sanitarians and operators. More information is available on their webpage.

On **March 16**th **at 9 am**, Gregory Butts from DEQ will meet with us about public water systems. If you have questions about public water systems that you would like to be addressed during the webinar, please send them to me so I can pass them along. More details to follow.

-Nina

2. LICENSING UPDATE



EStop licenses: eStop licenses with a zero balance have been moved into the 2021 license year, if you have been waiting to enter inspection dates you can do so now. The eStops that still had a balance have been inactivated awaiting payment, when payment is made they will be moved into the 2021 license year.

Reactivation of 2020 FCS licenses: please remember to collect the 2020 and the 2021 license fee. The late fee was waived for 2020 by the governor in August, Executive Orders 2-2020 and 3-2020, but it has not been waived as of January 2021.

-Gail

3. Inspection Marking Challenge



Bakery Adventure

As part of an intrepid food inspection team, your agency also conducts unannounced weekend, late-night and early-morning compliance visits to licensed wholesale food establishments. This is done where sanitarian safety is not considered to be a threat to their wellbeing.

In the very early morning hours before first light in the industrial section of town, you are scheduled to inspect a wholesale food bakery where the owner is a man known to be friendly and unconstrained in personal habits. The weather is quite warm and humid. As you arrive outside the bakery, you observe lights on in the establishment and can hear loud music blaring and fans whirring through a screened door into the building. You knock several times on the unopened screen door and loudly vocalize your presence and purpose of the visit, but no one responds.

You enter the wholesale food facility searching for the person in charge while continually announcing your presence. Finally, from a distance, you happen upon the baker owner who is only wearing socks and shoes while preparing raw dough for a product. He finally observes your presence and rushes to the restroom to put on clothes, after being quite rightfully embarrassed. After dressing, he explains to you the hot, humid weather was the factor prompting his naturally naked condition.

What infraction of the rules would you cite, given this scenario, and what other factors might have contributed to the infraction?

~Best answer to inspection marking challenge~

Notwithstanding discretion is the better part of valor, the issue of being nude while preparing food to be further processed into a bakery good should not be ignored. Although the public health threat is minimal for consumers in this circumstance, patrons are entitled to food that is absent physical and potential biological hazards in their bakery items. In this situation, the department would support documenting this occurrence as a violation of section 2-402.11 (1) of the <u>model food code</u>, also known as the "wholesale food circular."

To wit: "2-402.11 HAIR RESTRAINTS (1) Except as provided in (2), food employees must wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles."

Also, the inspector might investigate ventilation issues that might have contributed to the aforementioned violation under section 6-304.11 of the code, which reads: "MECHANICAL VENTILATION (1) If necessary to keep rooms free of excessive heat, steam, condensation, vapors, obnoxious odors, smoke, and fumes, mechanical ventilation of sufficient capacity must be provided."

4. History of Public Health: The Radical Idea of Handwashing

One of the recommendations for preventing spread of the Coronavirus is hand washing. This common sanitary practice seems reasonable to us. As other measures, such as masks and social distancing are debated, no one is arguing against hand washing. It was not always that way.

Up until the mid-1800s, hand washing for sanitization was not performed, even by doctors.

In 1846, <u>Ignaz Semmelweis</u>, a Hungarian doctor noticed that women giving birth in the medical run maternity ward were much more likely to develop a fever and die compared to the women giving birth in the adjacent midwife-run maternity ward. He theorized that the doctors, who went from dissection to birth, were transferring "cadaver particles" to the women.

Semmelweis imposed a new rule mandating handwashing with chlorine for doctors. The rates of death in his maternity ward fell dramatically. This offended some doctors who mocked Semmelweis for this radical belief. They felt that Semmelweis was implying they were responsible for deaths. They were gentlemen, not dirty commoners.

Semmelweis was admitted to an asylum by his colleagues, where he was beaten by guards. He died after this beating from an infected wound on his hand.

A few years later, <u>Florence Nightingale</u> began championing handwashing. Nightingale theorized that cleanliness would help reduce <u>miasma</u>, foul odors that were believed at the time to cause disease. While she was not mocked for hand washing as Semmelweis had been, the practice was still not widely adopted.

Around the turn of the century, two things happened that helped the general public get on board with handwashing. Robert Koch proved that Tuberculosis was spread by coughing from person to person, helping replace the miasma theory with germ theory, and a string of foodborne outbreaks and healthcare-associated infections led to public concern. At this time, The United States Centers for Disease Control and Prevention identified hand hygiene as an important way to prevent the spread of infection.

-Staci



The opportunity to produce cottage food in Montana was incorporated into law with the Statute for: Retail Food, Temporary Event Permitting and Cottage Foods (50-50-101, MCA through 50-50-403) that was passed in 2015. This statute defines a cottage food operation as food production that takes place in a home kitchen and is sold directly to consumers. The statute also incorporates requirements for product labeling including a list of ingredients (by weight) and a disclosure statement that the food was produced in a home kitchen that is not inspected. The statute requires direct sales to the consumer and does not allow consignment of the product to another entity such as a retail store.

Cottage food products are defined in the statute as "foods that are not potentially hazardous and are processed or packaged in a cottage food operation, including jams, jellies, dried fruit, dry mixes, and baked goods". The Administrative rule section, ARM 37.110.503, provides a more detailed list of the items allowed under the cottage food law. There is a clause in this section that allows for other products to be approved on a case by case basis in consultation with the local health authority. This allows for some flexibility if an item that is not listed. The product must be evaluated to determine if it is a non-TCS food.



Since 2015, we have had 394 registrations (as of Dec. 31, 2020). This includes 49 businesses that re-registered due to additional products or a move of location. The chart above provides the registrations per year.

These registrations represent 6415 different products produced by the cottage food operators. The highest number of products by one operator is 343, who makes cookies, cakes, candies, and other baked goods. This operator is based in Flathead County. (A shout out to the sanitarian who had to review this application!) There are 8 operators that have more than 100 products

registered. Of these 8 operators, 5 of them produce baked goods only, 2 produce baked goods and candy, and one produces candy only. There are 51 operators that produce only one product. This includes operators who make only one kind of the following products: honey, jelly, jam, candy, tea, spice mix, cookie, bread, granola, popcorn, nuts, and roasted coffee beans.

Most of the registered products are baked goods such as cookies, cakes, pies, and breads. Candies are also popular. There are several registrants that produce honey. Raw honey does not require a cottage food license but if it is processed or flavored then they must register. There are a few operators producing teas. A couple of operators also produce spice mixes. Some of the other products registered include granola, dried fruit, popcorn, roasted coffee beans, nuts, snack mix, crackers, freeze dried commercial candies.

Cottage food operators are spread throughout the state, from the far northwest in Lincoln County to the far southeast in Carter County. The county with the most registrations is Flathead County, with 63 registrations. Yellowstone County comes in second with 45, Missoula comes in third with 37 registrations. Lewis and Clark County follows closely with 36 registrations and Gallatin County has 34. Cascade County follows with 23 registrations. 41 counties have at least one registered operator. 9 counties have only 1 registered operator, while most counties have between 2 and 6 registrations.

So here we are at the end of 2020 with 5 years of cottage food operations and almost 400 registrations. What will the next 5 years bring? It is hard to say at this point. It will depend on decisions by legislature this upcoming session. Hopefully, this next year we will begin a review of the rule to see what needs updating and clarification. Please keep notes of anything that you think should be changed or updated. We will be reaching out to sanitarians when we start to review this rule.

-Nina



The body art plan review form has been updated to include lines for the mailing address and phone number of applicants. Previously, there were only lines for establishment information. This should alleviate any issues with mailing items to an establishment address where the applicant cannot receive mail. When filling out a body art license application, be sure to check with the applicant regarding where they wish to receive their mail.

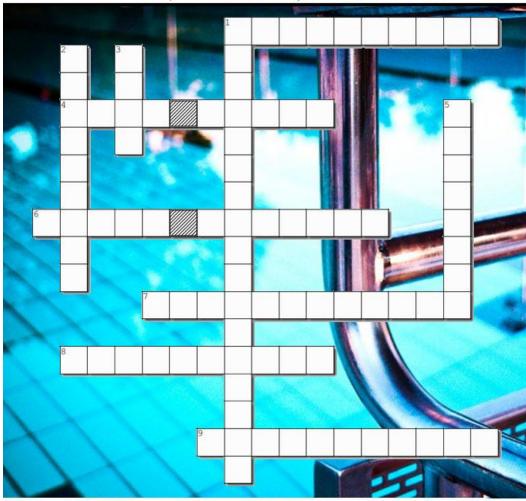
-Staci

7. FUN FACTS



Pools & Spas

Complete the crossword puzzle below



Across

- 1. A chemical which helps reduce the degradation of chlorine due to ultraviolet light.
- **4.** A device that measures the rate of flow of water or other liquid through piping.
- Qualitative visual observation of the opacity of water in a public swimming pool.
- Process which inactivates pathogenic organisms in water.
- 8. Water-carried waste products from public swimming pools and related facilities.
- 9. Substance that soils, stains, corrupts, or infects another substance by contact or association.

Down

- Addition of large quantities of chlorine based chemicals into pool or spa.
- 2. A qualified person who is responsible for supervision & lifesaving at a licensed public swimming pool.
- 3. A subset of aquatic venues designed to have standing water for total or partial bather immersion.
- 5. Disease-causing microorganisms.



*Created using the Crossword Maker on TheTeachersCorner.net

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If you are in crisis and want help, call the Montana Suicide Prevention Lifeline, 24/7, at 1-800-273-TALK (1-800-273-8255) or text 'MT' to 741-741.

Stay Connected with the Montana Department of Public Health and Human Services



